

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ESAFund

ADDRESS (number and street)

610 S. Boulevard

Check if different
than previously
reported. (ACC)

Tampa

FL

33606

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C

C00489856

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

12 10

2016

in the
State of

LA

5. Covering Period

M M / D D / Y Y Y Y Y Y

11 21

2016

through

M M / D D / Y Y Y Y Y Y

12 30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Watkins, Nancy H., , ,

Type or Print Name of Treasurer

Signature of Treasurer

Watkins, Nancy H., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

01 09

2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ESAFund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 21 / 2016 To: M M / D D / Y Y Y Y Y Y
12 / 30 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016 | | 1342450.76 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 439037.32 | |
| (c) Total Receipts (from Line 19) | 219894.73 | 13702880.84 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 658932.05 | 15045331.60 |
| 7. Total Disbursements (from Line 31)..... | 587525.40 | 14973924.95 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 71406.65 | 71406.65 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

ESAFund

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 11 | | 21 | | 2016 |

To:

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12 | | 30 | | 2016 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

204894.73

9380015.73

(ii) Unitemized

0.00

204.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

204894.73

9380219.73

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

15000.00

4169964.20

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

219894.73

13550183.93

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

152696.91

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

219894.73

13702880.84

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

219894.73

13702880.84

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 175730.79 | 737356.37 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 175730.79 | 737356.37 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 375000.00 |
| 24. Independent Expenditures (use Schedule E) | 411794.61 | 13841568.58 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 20000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 587525.40 | 14973924.95 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 587525.40 | 14973924.95 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 219894.73 | 13550183.93 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 219894.73 | 13550183.93 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 175730.79 | 737356.37 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 152696.91 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 175730.79 | 584659.46 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Acadian Ambulance Service

Mailing Address P. O. Box 98000

City
Lafayette

State
LA

Zip Code
70509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11Al.7344

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. American Electric Power

Mailing Address P. O. Box 24400

City
Canton

State
OH

Zip Code
44701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2016

Transaction ID : SA11Al.7308

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Caesars Enterprise Services, LLC

Mailing Address One Harrahs's Court

City
Las Vegas

State
NV

Zip Code
89119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2016

Transaction ID : SA11Al.7355

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

17500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Diefenthal, Edward, L., ,

Mailing Address 131 Airline Drive, #202

City
MetaireState
LAZip Code
70001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Woodvine Group, LLCOccupation (for Individual)
c.e.o.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11Al.7347

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City
AlexandriaState
VAZip Code
22314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155515.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2016

Transaction ID : SA11Al.7353

Amount of Each Receipt this Period

8894.73

☐ Memo Item
In-kind - payroll/admin

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fieldwood Energy, LLC

Mailing Address 2000 W. Sam Houston Pkwy, S., 1200

City
HoustonState
TXZip Code
77042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11Al.7349

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

58894.73

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fitzpatrick, Vaughan, O., ,

Mailing Address 1437 Washington Avenue

City

New Orleans

State

LA

Zip Code

70130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2016

Transaction ID : SA11Al.7382

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Great Lakes Dredge & Dock Company, LLC

Mailing Address 2122 York Road

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2016

Transaction ID : SA11Al.7392

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hilcorp Energy Company

Mailing Address P. O. Box 61229

City

Houston

State

TX

Zip Code

77208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2016

Transaction ID : SA11Al.7339

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hornbeck Offshore Operators, LLC

Mailing Address 103 Northpark Blvd., #300

City
Covington

State
LA

Zip Code
70433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2016

Transaction ID : SA11AI.7368

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Park Investments, Ltd.

Mailing Address 3421 N. Causeway Blvd., #802

City
Metairie

State
LA

Zip Code
70002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2016

Transaction ID : SA11AI.7341

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Property Casualty Insurers Assn. of America

Mailing Address 8700 W. Bryn Mawr Avenue
Suite 1200S

City
Chicgo

State
IL

Zip Code
60631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2016

Transaction ID : SA11AI.7358

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sloss, Lynes, R., ,

Mailing Address 525 Saint Charles Avenue, #400

City

New Orleans

State

LA

Zip Code

70130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bellwether Technology Corp.

Occupation (for Individual)

executive

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2016

Transaction ID : SA11Al.7384

Amount of Each Receipt this Period

2500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sweeney, Gerard, M., ,

Mailing Address 187 Stamford Avenue

City

Stamford

State

CT

Zip Code

06902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rain CII Carbon, LLC

Occupation (for Individual)

exec.

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 02 / 2016

Transaction ID : SA11Al.7370

Amount of Each Receipt this Period

25000.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Westfeldt, Thomas, D., ,

Mailing Address P. O. Box 51750

City

New Orleans

State

LA

Zip Code

70151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Westfeldt Brothers, Inc.

Occupation (for Individual)

president

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2016

Transaction ID : SA11Al.7386

Amount of Each Receipt this Period

1000.00



Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

28500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wolfe, Scott, , ,

Mailing Address 365 Canal Street

City
New Orleans

State
LA

Zip Code
70130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Smiley Law Group

Occupation (for Individual)

attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2016

Transaction ID : SA11Al.7388

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

204894.73

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 24
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ESAFund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARPAC

Mailing Address 451 Florida Streetbank, 19th Floor

City
Baton Rouge

State
LA

Zip Code
70801

FEC ID number of contributing
federal political committee.

C

C00226472

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2016

Transaction ID : SA11C.7306

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crescent River Port Pilots Association Federal PAC

Mailing Address 8712 Highway 23

City
Belle Chasse

State
LA

Zip Code
70037

FEC ID number of contributing
federal political committee.

C

C00221077

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2016

Transaction ID : SA11C.7304

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 24

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ESAFund

Full Name (Last, First, Middle Initial)

A. Axis Research, Inc.

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 28 | | | 2016 | | | |

Mailing Address 107 S. West Street PMB 148

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
survey

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7351

Amount of Each Disbursement this Period

25700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BDPC, LLC

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 28 | | | 2016 | | | |

Mailing Address 2045 Lakeshore Drive
Suite 207City
New OrleansState
LAZip Code
70122Purpose of Disbursement
survey

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7352

Amount of Each Disbursement this Period

1750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Clark Hill, PLC

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 30 | | | 2016 | | | |

Mailing Address 601 Pennsylvania Ave., N.W., #1000

City
WashingtonState
DCZip Code
20004Purpose of Disbursement
legal services

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7395

Amount of Each Disbursement this Period

35168.61

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

62618.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 24

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ESAFund

Full Name (Last, First, Middle Initial)

A. eDonations

Mailing Address 117 N. Saint Asaph Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
online fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 02 | | | | 2016 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B.7372

Amount of Each Disbursement this Period

2071.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ending Spending, Inc.

Mailing Address 815 Slaters Lane

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
In-kind - payroll/admin

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 11 | | | | 30 | | | | 2016 | | | | | |

FEC Identification Number

C

Transaction ID : SB21B.7354

Amount of Each Disbursement this Period

8894.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jones Day

Mailing Address P. O. Box 7805

City
WashingtonState
DCZip Code
20044Purpose of Disbursement
legal services

Candidate Name

Kennedy, John Neely, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 00

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 07 | | | | 2016 | | | | | |

FEC Identification Number

C S4LA00065

Transaction ID : SB21B.7375

Amount of Each Disbursement this Period

23250.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

34216.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 24

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ESAFund

Full Name (Last, First, Middle Initial)

A. Jones Day

Mailing Address P. O. Box 7805

City
WashingtonState
DCZip Code
20044Purpose of Disbursement
legal services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 28 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.7394**

Amount of Each Disbursement this Period

5112.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mentzer Media Services, Inc.

Mailing Address 600 Fairmount Avenue, #306

City
TowsonState
MDZip Code
21286Purpose of Disbursement
media placement-see Line 24

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 22 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.7329**

Amount of Each Disbursement this Period

-8019.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mentzer Media Services, Inc.

Mailing Address 600 Fairmount Avenue, #306

City
TowsonState
MDZip Code
21286Purpose of Disbursement
media placement-see Line 24

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 22 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.7332**

Amount of Each Disbursement this Period

-5892.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-8798.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 24

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ESAFund

Full Name (Last, First, Middle Initial)

A. TargetPoint Consulting, Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 21 | | 2016 |

Mailing Address 66 Canal Center Plaza, #555

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
surveys

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7390

Amount of Each Disbursement this Period

13000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wiley Rein, LLP

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 07 | | 2016 |

Mailing Address P. O. Box 743878

City
AtlantaState
GAZip Code
30374Purpose of Disbursement
legal services

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7373

Amount of Each Disbursement this Period

76580.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

89580.00

TOTAL This Period (last page this line number only).....▶

177616.79

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 24
 FOR LINE 24 OF FORM 3X

| | | | | | | | | | | | |
|---|--|-------------|--|--|--|---|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) ESAFund | | | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y | | | | | | | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item DDC Advocacy | | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2016 | | | | | | | |
| Mailing Address 805 15th Street, N.W. Suite 300 | | | | Amount 25000.00 | | | | | | | |
| City Washington | | State DC | | Zip Code 20005 | | | | | | | |
| Purpose of Expenditure online advertising | | | | Transaction ID : SE.7312 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 21 / 2016 | | | | | | | |
| Name of Federal Candidate: Kennedy, John Neely, , , | | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u> | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 481756.86 | | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item DDC Advocacy | | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2016 | | | | | | | |
| Mailing Address 805 15th Street, N.W. Suite 300 | | | | Amount 25000.00 | | | | | | | |
| City Washington | | State DC | | Zip Code 20005 | | | | | | | |
| Purpose of Expenditure online advertising | | | | Transaction ID : SE.7313 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 21 / 2016 | | | | | | | |
| Name of Federal Candidate: Campbell, Foster, Lonnne, , II | | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u> | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 506756.86 | | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">▶ 50000.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table> | | | | | | (a) SUBTOTAL of Itemized Independent Expenditures | ▶ 50000.00 | (a) SUBTOTAL of Unitemized Independent Expenditures | ▶ | (a) TOTAL Independent Expenditures | ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ 50000.00 | | | | | | | | | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | ▶ | | | | | | | | | | |
| (a) TOTAL Independent Expenditures | ▶ | | | | | | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | | | | | | |
| Signature <u>Watkins, Nancy H., ,</u> | | | | Date M M / D D / Y Y Y Y Y Y 01 / 09 / 2017 | | | | | | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 24
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|---|---|--|
| NAME OF COMMITTEE (In Full) ESAFund | | | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee DDC Advocacy | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 805 15th Street, N.W. Suite 300 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 02 / 2016 | | |
| City Washington | | State DC | Zip Code 20005 | | |
| Purpose of Expenditure online advertising | | Category/ Type | | Amount 50000.00 | |
| Name of Federal Candidate: Campbell, Foster, Lonnne, , II | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 846892.77 | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee McCarthy Hennings Media, Inc. | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 1850 M Street, N.W., #235 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 22 / 2016 | | |
| City Washington | | State DC | Zip Code 20004 | | |
| Purpose of Expenditure media production | | Category/ Type | | Amount 596.45 | |
| Name of Federal Candidate: Kennedy, John Neely, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 540650.31 | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 50596.45 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Watkins, Nancy H., , Signature | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 01 / 09 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 24
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) ESAFund | | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y | | |
| Full Name of Payee McCarthy Hennings Media, Inc. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 22 / 2016 | | |
| Mailing Address 1850 M Street, N.W., #235 | | | Amount 596.44 | | |
| City Washington | State DC | Zip Code 20004 | Transaction ID : SE.7318 | | |
| Purpose of Expenditure media production | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 23 / 2016 | | |
| Name of Federal Candidate: Campbell, Foster, Lonnne, , II <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 541246.75 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee McCarthy Hennings Media, Inc. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 12 / 02 / 2016 | | |
| Mailing Address 1850 M Street, N.W., #235 | | | Amount 11696.02 | | |
| City Washington | State DC | Zip Code 20004 | Transaction ID : SE.7364 | | |
| Purpose of Expenditure media production | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 12 / 01 / 2016 | | |
| Name of Federal Candidate: Campbell, Foster, Lonnne, , II <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 796892.77 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 12292.46 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Watkins, Nancy H., , Signature | | | Date M M / D D / Y Y Y Y Y 01 / 09 / 2017 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 24
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) ESAFund | | | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y | |
| Full Name of Payee Mentzer Media Services, Inc. | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 22 / 2016 | | |
| Mailing Address 600 Fairmount Avenue, #306 | | | Amount 16648.50 | | |
| City Towson | State MD | Zip Code 21286 | Transaction ID : SE.7324 | | |
| Purpose of Expenditure media placement | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 21 / 2016 | | |
| Name of Federal Candidate: Kennedy, John Neely, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 523405.36 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| Full Name of Payee Mentzer Media Services, Inc. | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 22 / 2016 | | |
| Mailing Address 600 Fairmount Avenue, #306 | | | Amount 851.50 | | |
| City Towson | State MD | Zip Code 21286 | Transaction ID : SE.7327 | | |
| Purpose of Expenditure media placement | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 21 / 2016 | | |
| Name of Federal Candidate: Campbell, Foster, Lonn timer, , II | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>LA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 524256.86 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 17500.00 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Watkins, Nancy H., , , Signature | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y 01 / 09 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|--|---|--|
| NAME OF COMMITTEE (In Full) ESAFund | | | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y | |
| Full Name of Payee Mentzer Media Services, Inc. | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 22 / 2016 | | |
| Mailing Address 600 Fairmount Avenue, #306 | | | Amount 8019.00 | | |
| City Towson | State MD | Zip Code 21286 | Transaction ID : SE.7330 | | |
| Purpose of Expenditure media placement | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 22 / 2016 | | |
| Name of Federal Candidate: Campbell, Foster, Lonnne, , II | | | Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 532275.86 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Mentzer Media Services, Inc. | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 22 / 2016 | | |
| Mailing Address 600 Fairmount Avenue, #306 | | | Amount 5892.00 | | |
| City Towson | State MD | Zip Code 21286 | Transaction ID : SE.7333 | | |
| Purpose of Expenditure media placement | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 22 / 2016 | | |
| Name of Federal Candidate: Campbell, Foster, Lonnne, , II | | | Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 538167.86 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 13911.00 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Watkins, Nancy H., , Signature | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y 01 / 09 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 24
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) ESAFund | | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | | |
| Full Name of Payee Mentzer Media Services, Inc. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 22 / 2016 | | |
| Mailing Address 600 Fairmount Avenue, #306 | | | Amount 1886.00 | | |
| City Towson | State MD | Zip Code 21286 | Transaction ID : SE.7337 | | |
| Purpose of Expenditure media placement | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 22 / 2016 | | |
| Name of Federal Candidate: Campbell, Foster, Lonn timer, , II <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 540053.86 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee Mentzer Media Services, Inc. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 02 / 2016 | | |
| Mailing Address 600 Fairmount Avenue, #306 | | | Amount 243950.00 | | |
| City Towson | State MD | Zip Code 21286 | Transaction ID : SE.7366 | | |
| Purpose of Expenditure media placement | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 30 / 2016 | | |
| Name of Federal Candidate: Campbell, Foster, Lonn timer, , II <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 785196.75 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 245836.00 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Watkins, Nancy H., , Signature | | | Date M M / D D / Y Y Y Y Y Y 01 / 09 / 2017 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 24
 FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full) ESAFund | | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee MSBR <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 06 / 2016 | |
| Mailing Address 12491 Plantation Creek Drive | | | Amount 10079.35 | |
| City Geismar | State LA | Zip Code 70734 | Transaction ID : SE.7378 | |
| Purpose of Expenditure telephone calls | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 07 / 2016 | |
| Name of Federal Candidate: Kennedy, John Neely, , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 858472.12 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| Full Name of Payee MSBR <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 07 / 2016 | |
| Mailing Address 12491 Plantation Creek Drive | | | Amount 10079.35 | |
| City Geismar | State LA | Zip Code 70734 | Transaction ID : SE.7380 | |
| Purpose of Expenditure telephone calls | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 07 / 2016 | |
| Name of Federal Candidate: Kennedy, John Neely, , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 868551.47 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 20158.70 | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (a) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Watkins, Nancy H., , , Signature | | | Date M M / D D / Y Y Y Y Y Y 01 / 09 / 2017 | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 24
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|---------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) ESAFund | | | FEC IDENTIFICATION NUMBER ▼ C C00489856 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | | |
| Full Name of Payee Red November, LLC <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 02 / 2016 | | |
| Mailing Address 1557 Brame Drive | | | Amount 1500.00 | | |
| City Baton Rouge | State LA | Zip Code 70808 | Transaction ID : SE.7362 | | |
| Purpose of Expenditure media production | | Category/ Type | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2016 | | |
| Name of Federal Candidate: Campbell, Foster, Lonnne, , II <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 848392.77 | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff | | |
| Full Name of Payee <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y | | |
| Mailing Address | | | Amount | | |
| City | State | Zip Code | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | | |
| Purpose of Expenditure | | Category/ Type | | | |
| Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State: | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 1500.00 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | 411794.61 | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Watkins, Nancy H., , | | | Date M M / D D / Y Y Y Y Y Y 01 / 09 / 2017 | | |
| [Electronically Filed] | | | | | |